

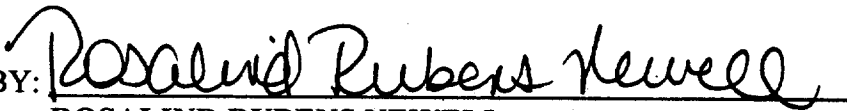
Entered - 11/02/00 - sb  
CL00L0666 - DIANNE C. MITCHELL

01-R -1047

CLAIM OF: **CLINT MONTGOMERY**  
**450 Piedmont Avenue, NE**  
**#510**  
**Atlanta, Georgia 30308**

For damages alleged to have been sustained as a result of vehicular damage due to an open construction cut in the roadway on October 6, 2000 at 41 10<sup>th</sup> Street.

THIS ADVERSED REPORT IS APPROVED

BY:   
**ROSALIND RUBENS NEWELL**  
**DEPUTY CITY ATTORNEY**

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0666

Date: June 22, 2001

Claimant /Victim CLINT MONTGOMERY

BY: (Atty)(Ins. Co.) \_\_\_\_\_

Address: 450 Piedmont Avenue, NE, #510, Atlanta, Georgia 30308

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 460.61 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 10/31/00 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 10/06/00 Place: 41 10<sup>th</sup> Street

Department \_\_\_\_\_ Division: \_\_\_\_\_

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

**NATURE OF CLAIM:** The claimant alleges that his vehicle was damaged when he drove over an unmarked cut in the roadway that caused damages in the above amount. The investigation determined that the work in the roadway was performed by a private contractor, Holder Construction Company. Holder Construction Company has settled this claim with the claimant.

### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental \_\_\_\_\_ Ministerial \_\_\_\_\_

Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_

City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

### RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager: [Signature] Concur/date 06-22-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

Mitchell  
11/02/00

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 10-24-00

31-10-0000:00 0000

Dear Municipal Clerk:

ENTERED - 11-2-00 - SB  
00L0666 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 460.61 property and/or \$ — bodily injury for which I contend the City is liable.

1. Date of incident: 10-06-00 2. Time of Incident: 9:00pm 3. Police called: ☒ Yes ☐ No  
(month/day/ year)

4. Location of incident (including street address): 41 10th St. NE

5. Name of your insurance company: State Farm Policy No. P36-0777-002-11C

6. State what and how incident occurred: Car drove over a deep hole in right lane.  
Damaged rims and tires on right side of car.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Toyota 1999 224 RAA Robert Clinton Montgomery  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Staci McFarlin 883 Charles Allen Dr. NE, Atlanta 404-607-9513  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Clint Montgomery  
(Print Claimant's Name)

450 Piedmont Ave. NE # 510  
(Address)

Atlanta GA 30308  
(City, State and Zip Code)

01-R-1047

404-931-4653 404-874-5429  
(Work Number) (Home Number)